



ACCESS CARDS / EMPLOYEE INFORMATION

Please complete this form for each employee requiring an access card and submit your request in the Tenant Portal, Angus, (add form(s) as an attachment). Be sure to include an authorized signature; requests cannot be processed without one.

ACCESS CARD: New ☐ Deactivate ☐ Replace ☐

Building Name _____

Tenant Name _____ Suite # _____

EMPLOYEE INFO:

Last Name _____ First Name _____

**THE SECTION BELOW TO BE FILLED OUT BY YOUR AUTHORIZED
MANAGER OR SUPERVISOR**

Employee's Access Card # (if assigned) _____

*Please indicate whether this employee has authority to access to Garage Parking:

YES ☐ NO ☐ (Only applies to Buildings with Parking Gate)

*Please indicate whether this employee has authority to request afterhours HVAC:

YES ☐ NO ☐

Authorized Signature:

Name: _____ Signature: _____

Date: _____